



**KENTUCKY BOARD OF
EMERGENCY MEDICAL SERVICES**
COMMONWEALTH OF KENTUCKY
2545 LAWRENCEBURG ROAD
FRANKFORT, KENTUCKY 40601
PHONE: 502-564-8963
FAX: 502-564-4687



KBEMS STAFF COMPLAINT FORM

Agency Use

Form Received:

/ /20

Complaint #

Complaint filed by:

Last Name		First Name		Middle Initial	
Ambulance Service		Address (Street or P.O. Box)			
City		State	Zip Code	Fax Number: () -	
County	Phone Number () -		Email Address:		

Complaint against: (Kentucky Board of Emergency medical Service Board Members or Kentucky Board of Emergency Medical Service Staff)

<u>Name and Cert/License Number:</u>		<u>Ambulance Service and License Number:</u>			
Address (Street or P.O. Box)					
City		State	Zip Code	Fax Number: () -	
County	Phone () -		Email Address:		

Description of Complaint:

(Please describe the event, circumstances, conduct and/or behavior that you believe to be below professional standards).

(Please attach additional sheets, if needed).



"An Equal Opportunity Employer M/F/H

I affirm that information contained in this report is true and accurate to the best of my knowledge and belief.

Signature of individual making Complaint	Date
	/ /

STATE OF _____)

COUNTY OF _____)

Subscribed and sworn to before me by _____ this _____
day of _____, 20____.

My Commission Expires: _____

Notary Public

Mail Complaint to:
Kentucky Board of Emergency Medical Services
Attn: Investigations
2545 Lawrenceburg Road
Frankfort Kentucky 40601

*** THIS FORM MUST BE NOTARIZED. IF IT IS NOT NOTARIZED, IT WILL BE
RETURNED TO YOU FOR NOTARY.**

(Form 2/2002)